CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

Print legibly. Tick appropriate boxe	s () d use separate sheet if necessary, Indicat	e N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use or	
	CAPIN								
2. SURNAME						NAME EXTENSION (JR	SR)		
FIRST NAME	ORLAN					Contraction of the Contraction o			
MIDDLE NAME	CABATINGAN								
DATE OF BIRTH (mm/dd/yyyy)	7/4/1977	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ Dy birth ☐ Dy natu			□by naturaliz	ation	
4. PLACE OF BIRTH	CARMEN, CEBU	If holder of dual citizens	Pls. indicate country:						
5. SEX	☑ Male ☐ Female	please indicate the details.			****	War of the Action Services	N-water 170	•	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	VSU F	ouse/Block/Lot No. FARMERS VILLAGE			Street PANGASUGAN		
7. HEIGHT (m)	1.77			Subdivision/Village BAYBAY			Barangay LEYTE		
8. WEIGHT (kg)	76 14 14 14 14 14 14 14 14 14 14 14 14 14			City/Municipality 6521			Province		
	O BREED NO AN+O			0021			TALL OF THE PERSON NAMED IN COLUMN NAMED IN CO		
9. BLOOD TYPE			Hou	se/Block/Lot No.			Street DAWIS NORTE		
0. GSIS ID NO.	N/A	LOCAL GOVERNMEN	Sub	ubdivision/Village			Barangay		
1. PAG-IBIG ID NO.	121203563686	AMERICA (ADDA)	Ci	CARMEN City/Municipality			CEBU Province		
2. PHILHEALTH NO.	12-05385416-9	ZIP CODE	1. 100	6005			estenc mereser-		
3. SSS NO.	0618587258	19. TELEPHONE NO.				N/A			
4. TIN NO.	466-539-060-000	20. MOBILE NO.	20. MOBILE NO.			09632656465	1		
5. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		ORLANC08@GMAIL.COM					
. FAMILY BACKGROUND									
2. SPOUSE'S SURNAME	CABRALES		23. NAME of CHIL	LDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyy	
FIRST NAME	ALMIRA	NAME EXTENSION (JR., SR)		ARVIE C. CAPIN			10/19/2007		
MIDDLE NAME	VALDERAMA								
OCCUPATION	FOOD ATTENDANT							***************************************	
EMPLOYER/BUSINESS NAME	VSU								
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE								
TELEPHONE NO.	N/A								
4. FATHER'S SURNAME	CAPIN								
FIRST NAME	MAXIMIANO	NAME EXTENSION (JR., SR))						
MIDDLE NAME	ESCOTON		-						
5. MOTHER'S MAIDEN NAME									
SURNAME	CABATINGAN								
FIRST NAME	EVANGELINE								
MIDDLE NAME	SOLLANO			(C	ontinue on s	eparate sheet if neces	sarvi		
II. EDUCATIONAL BACK	GROUND								
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)			ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHI ACADEMIC HONORS RECEIVED	
ELEMENTARY	DAWIS NORTE ELEMENTARY SCHOOL	ELEMENTARY		From 1986	To 1992	GRADUATE	1992	N/A	
SECONDARY	CARMEN NATIONAL HIGH SCHOOL	HIGH SCHOOL		1993	1999	GRADUATE	1999	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY	COLLEGE (Associate in Fisheries Technology)		2000	2003	GRADUATE	2003	N/A	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
SIGNATURE	The S	(Continue on separate sheet if necessary)		DA	TE	10-0	2-2	ora	

27. CAR	FER SERVICE/ PA 109	M (BOARD) BAR) LINDER		DATE OF				LICENSE (if a	oplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	OF EXAMINATION / CONFERMENT			Date of Validity	
	N/A			and the second of the second of the	Note that the second of the second	,	Theres we		
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N MOBK	EXPERIENCE		(C	ontinue on separate sheet it	necessary)		The second		
		Start from your recent	work) Description	of duties should be in	dicated in the attached V	lork Evperi	anco cheet		
Company of the second	LUSIVE DATES	otal (10)11 your 100011	monty bootinphor	or daties should be in	dicated in the attached	TOTA EXPER	SALARY/ JOB/ PAY		
	mm/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOVT SERVICE
From	То	46,000					INCREMENT		(Y/ N)
12/1/2014	10/1/2021	SCIENCE RESEA	RCH AIDE		PICAL ECOLOGY AND AL MANAGEMENT	9408.80	N/A	JOB ORDER	YES
6/6/2013	11/30/2014	LABORE	R	DEPARTMENT OF F	LANT BREEDING AND	2880.00	N/A	JOB ORDER	YES
3/8/2009	+				NETICS				
	5/11/2011	MARKET COL	ECTOR		NT OF CARMEN CEBU	3520.00	N/A	JOB ORDER	YES
3/30/2009	2/1/2010	TRAFFIC ENF	ORCER	LOCAL GOVERNME	NT OF CARMEN CEBU	3520.00	N/A	JOB ORDER	YES
10/18/2007	2/10/2009	LINEMAN INS	TALLER	CABL	E WORLD	3600.00	N/A	JOB ORDER	NO
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SIGN	NATURE				DATE				
3.31					Control of the Control		,	S FORM 212 (Revised 2	017) Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEME	ENT IN CIVIC / NON-GOVERNMEN	IT / PEOPLE /	VOLUNTARY	ORGANIZATIO	N/S	
	S OF ORGANIZATION e in full)		USIVE DATES m/dd/yyyy)	NUMBER OF HOURS	110F - 15	POSITION / NATURE OF WORK
N/A	201	Tion	ea priorian	se s0 - intra	Bale	122 51 96 <u>6</u> 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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	a Constitution of the Cons					
VII. LEARNING AND DEVELOPMENT (L	(0 INTERVENTIONS/TRAINING).	ontinue on separa PROGRAMS A	ite sheet if necess. ATTENDED	iry)		
(Start from the most recent L&D/training program and				Chief Executive Man	nagerial positions)	
	RNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSME DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
ISO9001 2015 AWARENESS/ REAWARENESS W	/EBINAR	11/27/2020	11/27/2020	3.0	N/A	VISAYAS STATE UNIVERSITY
FOLIOSE CORAL TAXONOMY AND INTRODUC	TION OF RUGOSITY METHOD	5/3/2019	5/3/2019	2.0	N/A	VISAYAS STATE UNIVERSITY
CRTR METHOD AND IDENTIFICATION OF FAMI		4/10/2019	4/10/2019	2.0	N/A	VISAYAS STATE UNIVERSITY
PARTICIPATORY COASTAL RESOURCES ASSE	ESSMENT TRAINING WORKSHOP	11/29/2018	11/30/2018	16.0	N/A	LGU-INOPACAN
PARTICIPATORY COASTAL RESOURCES ASSE	ESSMENT HABITAT ASSESSMENTS	3/6/2018	3/25/2018	160.0	N/A	LGU - BAYBAY
PARTICIPATORY COASTAL RESOURCES ASSE	ESSMENT TRAINING WORKSHOP	11/4/2015	11/6/2015	24.0	N/A	BAYBAY- MATALO
TRAINING COURSE ON FEEDING AND HEALTH	MANAGEMENT FOR AQUACULTURE	5/19/2015	5/22/2015	40.0	N/A	SOUTHEAST ASIAN FISHERIES DEVELOPMENT
SPECIES	Alogue	0 10/2010	G222010	40.0	IN/A	CENTER
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	to gritt but house Con-	There are to	di irre l'a	CLASS HIT I	Matter Co	And Charles you self will be
VIII. OTHER INFORMATION	(0	ontinue on separa	te sheet if necessa	(עי		
	l N	ON-ACADEMIC DIS	TINCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32.		/rite in full)	Control	DOFFICE STATE	33. (Write in full)
DIVING		1	VA			N/A
PLUMBING						
CARPENTRY				and the same of		A STATE OF S
DRIVING						
WELDING			agent a region of a	and the state of		
			to about 18 -			
SIGNATURE		onunue on separa	w sneet if necessa	n.	ATE	10-02-2022
	Jea	87			***	CS FORM 212 (Revised 2017). Page 3 of

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed, a. within the third degree?		Dives Dive			
b. within the fourth degree (for Local Government Unit - C	YES INC				
	If YES, give details:				
35. a. Have you ever been found guilty of any administrative	offense?	YES NO)		
		If YES, give details:			
b. Have you been criminally charged before any court?		YES IN	0		
	If YES, give details:				
		Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of by any court or tribunal?	☐ YES ☑ M	NO			
by any court of albuman	If YES, give details:				
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local e	election held within the last year (except	☐ YES 🔽	NO		
Barangay election)?	151 (1980) 8850 F	If YES, give details:			
b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permane	☐ YES ☑ NO If YES, give details (country):				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) 	lagna Carta for Disabled Persons (RA 2), please answer the following items:				
a. Are you a member of any indigenous group?	en P] NO		
Are you a person with disability?		If YES, please specify:			
Are you a solo parent?		If YES, please specify ID No:			
		If YES, please specify ID No			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)	The state of the s			
NAME	ADDRESS	TEL. NO.			
DR. ELIZA D. ESPINOSA	VISAYAS STATE UNIVERSITY	563-7497			
DR. HUMBERTO R. MOTES JR.	VISAYAS STATE UNIVERSITY	563-7726			
DR. JOSE L. BACUSMO	VISAYAS STATE UNIVERSITY	563-7458	-		
42 I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized rep I agree that any misrepresentation made in this do administrative/criminal case/s against me.	nent laws, rules and regulations of the F resentative to verify/validate the contents	Republic of the stated herein.			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: PHILHEALTH	(),				
ID/License/Passport No.: 12-050385416-9	Signature (Sign inside the bo	vi			
Date/Place of Issuance: BAYBA CITY, LEYTE	Date Accomplished	~	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	1733 2023	ng his/her validly issued govern	08730		
	ATTENSAC GIBBOCON		N .		
	VSU Caref Logal Officer				
	Person Administering Oath	and the second second second			